Hadri Pro : Jane

FEC FORM 1

STATEMENT OF ORGANIZATION

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								Office	Use Only	IL OLI	V 1 L.
NAME OF COMMITTEE (in fu	(الد		neck if name changed)		nple:If typing, the lines.	type	12FE4	M5			
First Cong	ressi	วทุลไ	District	Ŗępı	ublicar) Cer	ntral C	Qmr	nittee)	
				<u></u>	 						لــــا
ADDRESS (number and	street)		Marke	t Str	eet				1.1.1		لــ
(Check if address is changed)		Suite 202									
		Denv	/er			لـــا	CO	80	202	-لنب	Ш
				CITY			STATE		ZIP CC	DE [.]	٠
COMMITTEE'S E-MAIL	ADDRESS	(Please p									
(Check if ad is changed)	ldress	ahorr	naday@	horna	daylaw.	.com					<u>.</u>
COMMITTEE'S WEB P	ا د مرسوم به د	RESS (URI						المارية المارية المارية			
2. DATE 09	26	⁷ 20	14		<u>.</u>		•				
3. FEC IDENTIFICA	TION NUIT	MBER	C								
4. IS THIS STATEME	NT 🔀	NEW (I	N) OR		AMEND	ED (A)					
I certify that I have exa	amined this	Statemen	t and to the be	est of my	knowledge an	d belief it	is true, coi	rect and c	omplete.		
Type or Print Name of	Treasurer	Alex	ander	Horn	aday	.	· · · · · · · · · · · · · · · · · · ·				
Signature of Treasurer		K	AN/				Date	10	06	201	少
NOTE: Submission of fal			mplete information						enalties of 2	2 U.S.Č. §4	137g.
Office 있Use 단어 Only	. 1	and the effect			For further Inference Federal Election Toll Free 800-4	n Commissio			EC FO (Revised 02		—

F	FEC Fo	rm 1 (Revised 02/2009) Page 2				
		OMMITTEE • Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	П	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate				
Name	e of	information below.)				
	lidate	<u></u>				
	lidate / Affiliati	Office Sought: House Senate President				
гану	Allilau	on Sought: House Senate President District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate					
Par	ty Con	nmittee:				
(d)	\times	This committee is a SUB (National, State (Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a				
		Corporation Corporation w/o Capital Stock Labor Organization				
		Membership Organization Trade Association Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	Joint Fundraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Com	nmittees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.					
	4.					

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Write or Type Committee Name	;				
First Congressional District Republican Central Committee					
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
Mailing Address					
	CITY STATE ZIP CODE				
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in possession of committee				
Full Name Alexa	ınder Hornaday				
Mailing Address	1624 Market Street				
 -	Suite 202,				
	Denver CO 80202 -				
Title or Position	CITY STATE ZIP CODE				
Chairman, , ,	Telephone number				
3. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee, and the name and address of assistant treasurer).				
Full Name of Treasurer	ander Hornaday				
Mailing Address	1624 Market Street				
•	Suite 202				
	Denver CITY STATE ZIP CODE				
Title or Position [Chairman	Telephone number				

Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

CITY

STATE

ZIP CODE

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